21-41871

SEC 1972 Potential persons who are to respond to the collection of information contained in (6/99)this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** WASTING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden
nours bet response1

SEC USE ONLY					
Prefix		Scrial			
DATE RECEIVED					

<u> </u>		
Name of Offenng (check if this is	an amendment and name has changed, and indic	ate change.) APR 1 5 200
SCM La Cumbre Partners.	LLC	[/] T Ho mson
Filing Under (Check box(es) that apply)	t []Rule 504 []Rule 505 [x]Rule 506 []	70000 1 4 5 1 5 1 5 1
Type of Filing: [x] New Filing] Amendment	
• •	A. BASIC IDENTIFICATION DATA	
1 Enter the information requests	ed about the issuer	· · · · · · · · · · · · · · · · · · ·
Name of Issuer (check if this is a	in amendment and name has changed, and indicia	te change)
(Including Area Code)	(Number and Street, City, State, Zip Code)	Telephone Number
5383 Hollister Avenue,	St. 140, Santa Barbara, CA 93111	(805) 681-0144
Address of Principal Business O (Including Area Code) (if different from Executive Office	perations (Number and Street, City, State, Zip Coes)	de) Telephone Number
Brief Description of Business		
Real Estate Investment		
Type of Business Organization		
corporation	[] limited partnership, already formed [X]	other (please specify)
] business trust	[] limited partnership, to be formed	ited liability company

	Month	Year		
				[] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-lette CN for Canada; FN	erUSP Notothe	ostal Service er foreign juris	abbreviatio	n for State: C] [A]
GENERAL INSTRUCTIONS			<u></u>	 ·

Federal:

Who Must File. All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years,
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and
 - · Each general and managing partner of partnership issuers.

Check Box(es) Apply:	that [x] Promo	oter (*) Beneficial Owner	[] Executive Officer	[] Director	[X] General and of Managing Radoes Member
Full Name (Last	name first, if indi-	vidual)			
Somera Capit	al Managemen	t, LLC			
					· ·

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last name	e first, if individual	l) .	· · · · · · · · · · · · · · · · · · ·		
Business or Residenc	e Address (Num)	per and Street.	City, State, Zip Code	e)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Parther
Full Name (Last name	e first, if individual)			
Business or Residence	e Address (Numb	per and Street,	City, State, Zip Code	=)	
Check Box(es) that Apply	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last name	e first, if individual)			
Business or Residence	e Address (Numb	per and Street,	City, State, Zip Code	e)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last name	first, if individual)	• ••		
Business or Residence	e Address (Numb	per and Street,	City, State, Zip Code	e)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last name	e first, if individual)			
Business of Residence	e Address (Numb	per and Street.	City, State, Zip Code	e)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [General and/or Managing Parther
Full Name (Last name	e first, if individual)			***
Business or Residence	e Address (Num	per and Street,	City, State, Zip Code	e)	
(Use blan	nk sheet, or cop	y and use add	litional copies of th	is sheet, as nec	essary.)
	B . 1	INFORMATIO	N ABOUT OFFERIN	Ğ	

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						\$ Y (es No					
2 \A/h	at is the	minimu						if filing ur any indiv		E	•	180 000
						•		•			-	100,000 es No
			•			_					[;	3 1
directi conne persor the na	y or indi ction with n or age me of th	rectly, a th sales nt of a b ne broke	ny comr of secul roker or er or dea	nission i nties in t dealer iler If m	or simila he offen registere ore than	r remuneing. If a ped with the five (5)	eration for person to ne SEC a persons	en or will or solicita o be listed and/or wit to be liste mation for	tion of pu l is an as h a state ed are as	irchasen isociated or state: isociated	s in I s, list	
	me (La	st name	first, if i	ndividua	l)				,			
N/A -				43.1		.						
lusine	ss or Re	esidence	e Addres	ss (Num	ber and	Street, C	ity. State	e, Zip Co	de)			
lame	of Asso	ciated B	roker or	Dealer		·			—			
tates	in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solici	t Purchas	sers			
Che	ck "All	States	" or ch	eck inc	lividual	States	s)			1] All S	tates
AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
MT]	[NE]	[NV]	[HM]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA] [PR]
Rij uli Na	[SC]	[SD]	[TN]	[TX] ndividua	[UT])	[\subset 1]	[VA]	[WA]	- [WV]	[WI]	[WY]	[PK]
			_			<u> </u>	<u></u> -ī	. #11.5T	J.,			
inziu6	55 OF R	esidence	e Addres	ss (Num	ber and	Street, C	ity, State	e, Zip Co	ae)			
lame	of Asso	ciated B	roker or	Dealer			·					
								t Purchas	ers			_ ··-
							i)]] All S	
AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
IL] MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[AM] [DN]	[MI] [OH]	[MN]	[MS] [OR]	[MO] [PA]
RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				ndividua			-					• '3
			-									
usine	ss or Re	esidence	e Addres	s (Num	ber and	Street, C	ity. State	e. Zip Co	de)			
lame	of Asso	ciated B	roker or	Dealer								 - ·
states	in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solici	t Purchas	sers			
Che	ck "All	States	" or ch	eck inc	lividual	States)			1] All S	tates

[AL]	[AK]	[AZ]	[AR]	[CA]	[00]	[CT]	(DE)	(DC)	[FL]	[GA]	[HI]	[10]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[נא]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI]	[SC]	[SD]	[TN]		[UT]	$[\Lambda L]$	[VA]	[WA]	[VV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold		
Debt	\$ 0	\$ 0		
Equity	\$	\$		
[] Common [] Preferred				
Convertible Securities (including warrants)	s	\$ °		
Partnership Interests	\$ 0	\$ 0		
Other (Specify Membership Interests).	\$6,000,000	\$ 100,000		
Total	\$6,000,000	\$ 100,000		
Answer also in Appendix, Column 3, if filing under ULOE.				

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero"

	Number Investors	Dollar Amount of Purchases		
Accredited Investors	. 1	<u>\$ 100.000</u>		
Non-accredited Investors	0	\$ <u></u> 0		
Total (for filings under Rule 504 only)	1	\$ 100,000		

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	0	\$
Regulation A	0	\$
Rule 504	0	\$
Total	0	\$ 0 .

Adarenate

4. a Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate

Transfer Agent's Fees	[]\$	0
Printing and Engraving Costs	[]\$	0
Legal Fees	[]\$_	0
Accounting Fees	[]\$_	0
Engineering Fees	[]\$_	0
Sales Commissions (specify finders' fees separately)	[]\$	Ü
Other Expenses (identify) \$325,000 organization fee and	[X]\$ 3	25.000
Total allowance for formation and due diligence	[X] \$ 3	25.000
costs to the managing member		

b Enter the difference between the aggregate offering price given in response to Part C -Question 1 and total expenses furnished in response to Part C - Question 4 a This difference is the "adjusted gross proceeds to the issuer." .

\$5,675,000

Payments to

5 Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers, Payments Directors, & To Affiliates Others
Salaries and fees	[] \$\$_
Purchase of real estate	[]
Purchase, rental or leasing and installation of machinery and equipment	[] \$
Construction or leasing of plant buildings and facilities	[] \$ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] \$\$
Repayment of indebtedness	[] \$\$
Working capital	[] \$ \$
Other (specify) working capital retained by issuer	
\$25.000	
Column Totals	[] S S
Total Payments Listed (column totals added)	[x] \$5.675.000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer

to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502

Issuer (Print or Type)	Signature	Date
SCM La Cumbre Partners, LLC	W TO	3/26/02
Name of Signer (Print or Type)	Title of Signer (Print or	Type)
David A. Brown	President of the	Managing Member

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
SCM La Cumbre Partners. LLC	3/26/02
Name of Signer (Print or Type)	Title (Print or Type)
David A. Brown	President of the Kunaging Wearber

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed

must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1	Intend to non-actinvestors (Part B-I	credited in State	offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Up to S6,000,000 membership interests	Number of Accredited Investors		Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA		Х	11	1	100,000	0	0		Х	
co						·				
СТ										
DE	- Table									
DC										
FL										
GA										
HI										
ID.										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD									 	
MA									 	
MI										
MN										
IVS										
INO										
TNI									├	
NE								·		
NV										
7H										
Ŋ										
NM										
NΥ										
110										

Form D

ND			<u> </u>			T	
ОН				,	_		
OK							
OR							
PA						······································	
RI							
SC							
SD							
TN							
TX							
IJΤ							
5							
VA							
WA							
8							
WI							
WY							
PR							

http://www.sec.gov/divisions/corpfin/forms/d.htm Last update: 08/27/1999